FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Informat	tion													-	_		
1. Name and Mailing Address of	of Re	spondent															
Farmers Telephone Cooperative, Inc. PO Box 588 Kingstree, SC 29556														Check here if this is a change of address.			
2. Year Report Filed	4. Number of Full-Time Employees during Selected																
Pen				overed by Rep 5/2019	oort)			Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)									
SECTION II - Full-Time Emplo	yees									_							
		Number of Employees (Report employees in only one category)															
Job								_	Race/Ethnicity	<u> </u>							
Categories			anic or	Not-Hispanic or Latino													
		La	WIIO.			Ma				Female							
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N	
	Ī	Α	В	С	D	E	F	G	н	1	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1			7												7	
First/Mid-Level Officials and Managers	1.2			8						4	1					13	
Professionals	2	3		47	1					10						58	
Technicians	3															0	
Sales Workers	4			2						5						7	
Administrative Support Workers	5		<u>l</u>	7	2					79	14					103	
Craft Workers	6			65	2		1			1	1					70	
Operatives	7			9	2											11	
Laborers and Helpers	8			3	1					1						5	
Service Workers	9															0	
TOTAL	10	0	1	148	8	0	1	0	0	100	16	0	0	0	0	274	
PREVIOUS YEAR TOTAL	11															0	

FCC 395

SECTION III - Part-Time Empl	oyees.														=	
		Number of Employees (Report employees in only one category)														
		Race/Ethnicity														
Job Categories		Hispanic or	1	Not-Hispanic or Latino												
		Latino	Male Female												Total Columns	
	Ма	le Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N	
	А	В	С	D	E	F	G	н	1	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1														0	
First/Mid-Level Officials and Managers	1.2		74												0	
Professionals	2														0	
Technicians	3														0	
Sales Workers	4														0	
Administrative Support Workers	5		1						3	1	,				5	
Craft Workers	6														0	
Operatives	7														0	
Laborers and Helpers	8		1												1	
Service Workers	9														0	
TOTAL	10 0	0	2	0	0	0	0	0	3	1	0	0	0	0	6	
PREVIOUS YEAR TOTAL	11														0	
SECTION IV - Report of Discr	imination C	omplaints Pursu	ant to 47 CF	R 22.321, 23.	55, 90.168, 10	1.4, and 101	.311.									
This is to advise the company before a									ritorial, or loc	al statutes hav	ve been filed a	against this				
This is to advise the (Attach a list indicate)		ion that the followinvolved, date file														
SECTION V - Certification			(
I certify that to the best of my ki				ents in this re	port are true a		,			_		1~				
		inted Name of Per th W. Clarl				Signature Molar Telephone No. (843) 382-1463							3			
Title of Person Signing Chief HR Officer			WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATIO OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).											VOCATION		